TO: ISSUE FEE

PART B - FEE(S) TRANSMITTAL

11/15/2010

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FBE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where

| apoporate. All further correspondence including the Fatent, advance orders and notifindicated unless corrected below or directed otherwise in Block 1, by (a) specifying a maintenance fee notifications. | new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for |
|---|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block ! for may change of address) | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying |
| DAP | papers. Each additional paper, such as an assignment or formal drawing, must |

PHILIP S. JOHNSON JOHNSON & JOHNSON ONE JOHNSON & JOHNSON PLAZA NEW BRUNSWICK, NJ 08933-7003

7590

27777



Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

| | · · · | | |
|--------------------|----------------------------|------|--|
| (Depositor's name) | Christine Cuffe (Depositor | | |
| (Signawre) | | | |
| (Dun) | - 11 | 1-31 | |
| CONFIRMATION NO. | ATTORNEY DOCKET NO. | ALOS | |

FIRST NAMED INVE APPLICATION NO. PILING DATE 10/596,270 06/07/2006 Jerome Emile Georges Guillemont PRD2184USPCT 4718

TITLE OF INVENTION: NOVEL MYCOBACTERIAL INHIBITORS

| APPLN. TYPE | SMALL ENTITY | issue fee dur | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL PEE(S) DUE | DATE DUE . | |
|---|----------------------------|---|---|--|------------------------------|--------------------------|--|
| nonprovisional | ИО | \$1510 | \$300 | \$0 82/81/2811 | Melakcui (eessee1 | 100/02/15/2011595270 | |
| EXA | IINER | ART UNIT | CLASS-SUBCLASS | | 1510.09 DA | | |
| SEAMAN, D | largaret m | 1625 | 514-312000 | 01 FC:1501 02 FC:1504 | 303.63 DA | | |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON T | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered attorney or agents. If no name is listed, no name will be printed. | | | | |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. Recorded: 6/8/06 (A) NAME OF ASSIGNEE Janssen Pharmaceutica NV Beerse B-2340, Belgium Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government | | | | | | | |
| 4a. The following fee(s) are submitted: Size Fee A check is enclosed. Payment of Fee(s): (Flease first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit and overpayment, to Deposit Account Number 10-0750 (enclose an extra copy of this fee | | | | | | · | |
| 5. Change in Entity Status (from status indicated above) 1 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. 1 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). 1 NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. | | | | | | | |
| Authorized Signature | /Thomas J | Dodd/ | | Date January | | | |
| This collection of informan application. Confider | nation is required by 37 C | FR 1.311. The informatic U.S.C. 122 and 37 CFR | on is required to obtain or n 1.14. This collection is est depending upon the indiv a Chief Information Office COMPLETED FORMS TO | etain a benefit by the publimated to take 12 minutes | lie which is to file (and by | soon require to complete | |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE